

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-038509

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 85

FILED NOV 7 1962

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fayette</u>		c. CITY OR TOWN <u>Fayette</u>	
Length of stay in 1b <u>20 yr.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>Fayette Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>503 Depot St</u>	
3. NAME OF DECEASED (Type or print) First <u>CARLIE</u> Middle <u>CASHIE</u> Last <u>RAINES</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>25</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 20-1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired laborer</u>		11. BIRTHPLACE (City and state or country) <u>Howard U.S.A.</u>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Raines</u>		13b. MOTHER'S MAIDEN NAME <u>Arletia Jenkins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>Louisia Raines, Longjoy, Ill.</u>		Address <u>4-17 Washington</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cerebral vascular hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>hypertensive cardiovascular disease</u> DUE TO (c) <u>idiot.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hr.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>[redacted]</u> a.m. <u>[redacted]</u> p.m. <u>[redacted]</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>[redacted]</u>		20f. CITY, TOWN, OR LOCATION <u>[redacted]</u>	
20g. COUNTY <u>[redacted]</u>		20h. STATE <u>[redacted]</u>	
21. I attended the deceased from <u>Oct 1962</u> to <u>Oct 25, 1962</u> and last saw him/her alive on <u>Oct 25, 1962</u> Death occurred at <u>7:00 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. J. Shaw, Jr.</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Lee Hosp, Fayette, Mo</u>	
22c. DATE SIGNED <u>10-29-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/29/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fayette</u>	
23d. LOCATION (City, town, or county) <u>Fayette, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Wm Stuart Parker, Columbia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-29-62</u>	
26. REGISTRAR'S SIGNATURE <u>Katherine Welch</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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Permit issued 10-29-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George R. Trammell

Licensed Embalmer No. 4425

P. O. Address Columbia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.